Firm, Organization or Individual						
Mailing Address						
City			Provin	ice	Postal Code	
Telephone		Alternate Numbe	er	Website Address		
Type of Profession or Service Areas of Speciality						
Contact Person and Their Position			Email (N	Email (Necessary for Website Login)		
Others Who Need Access To Our Information			Email (N	Email (Necessary for Website Login)		
Others Who Need Access To Our Information			Email (N	Email (Necessary for Website Login)		
Enclosed is our first year membership fee of \$180.00 plus GST/HST						
Cheque payable to Church Treasurers of Canada Inc. VISA MasterCard						
Card Number: Expiry Date:						
Name As Shown On Card:						
Signature:						
Code Of Ethics						
As a member of Church Treasurers of Canada Inc. the above individual, firm						
or organization will honour and support Church Treasurers who must :						
1. Maintain a proper financial accounting system and produce annual						
operating statements and balance sheets.						
2. Comply with federal, provincial and municipal laws and regulations.						
3.	3. Maintain honest and open communications when dealing with					
individual donors, members and the general public.						
4.	'					
Avoid situations where the treasurer is placed in a conflict of interest.						
Signature o	f Authorized O	fficer	Title	Title Date		

Please return completed application to Church Treasurers of Canada Inc.

By MAIL: 400-9-2020 Lanthier Drive, Orleans, Ontario, K4A 3V4

By FAX: 613-824-1342

By E-MAIL: info@churchtreasurers.ca